CITY OF IDAHO FALLS



PLANNING AND BUILDING DIVISION

P.O. BOX 50220 Idaho Falls, ID 83405-0220 www.ci.idaho-falls.id.us

Planning Department • (208) 612-8276

amended.

Appellant Information

FAX (208) 612-8520

Building Department • (208) 612-8270

APPLICATION TO APPEAL A DECISION TO THE CITY COUNCIL

Contact Name:			Phone:			
Address	•		Fax:			
City:		State:		Zip:		
Owner I	nformation (If other tha	an Appellant)				
Name:		Pho	ne:			
Address	•					
City:		State:		Zip:		
Is legal of	Is legal owner aware of this application? Yes No					
Subject	of Appeal					
Address	:			Current Zone:		
Assessor Parcel Number:						
Legal Description (i.e. Addition, Division No., Lot, Block):						
Zoning	Ordinance No. 1941					
5-8-6	Recourse from Decision	n.				
	A. Board of Adjustment. The Board of Adjustment shall be final unless a written appeal is made to the City Council within fifteen (15) days of the date of the written notice provided under Section 5-8-5. A written request for appeal shall be filed with the Zoning Administrator together with a fee set by resolution of City Council. Such request shall set forth specifically where the Board erred in its decision. Upon receipt of an appeal, the Zoning Administrator shall forward to the City Council the record of the Board and the written findings of fact, conclusions of law, and decision adopted by the Board of Adjustment. The concurring vote of a majority of the members of the City Council shall be required to reverse any requirement, decision, or condition of the Board of Adjustment.					
				ecision of the City Council Code Section 67-6521, as		

Justification for Appeal	
Statement of Intent	
I hereby appeal from the decision of the Board of Adjustn	nent dated this day of
,	ment dated this day of
Signature of Appellant(s)	
	Date:
	Date:
Fee: \$ Date:	
Received By:	

Fee: \$50.00 City Council